



Whooping Cough (Pertussis)

Health Education Facts

Symptoms

People usually develop whooping cough seven to ten days after being exposed to it. Initial symptoms resemble a common cold: runny nose, hacking cough, and low fever. Coughing increases in frequency, severity, and regularity, then the “whoop” develops.

The whoop is a sudden violent outburst of coughing followed by deep inspiration and often by vomiting (very young babies and some adults with mild cases may not “whoop”). Whooping lasts four to six weeks then decreases. Some cough may linger for months.

Complications to pertussis include seizures, pneumonia, brain infections, and death. Infants under one year of age account for 90% of the deaths in the United States from whooping cough.

How is Whooping Cough Spread?

Whooping cough germs are found in nose and throat discharges. When an infected person talks, sneezes, or coughs, the germs are sprayed into the air. Another person may catch the disease by inhaling the germs.

Adolescents and adults are being increasingly recognized as major sources of pertussis. Whooping cough can occur at any age but usually strikes children under seven, especially babies. Infants and young children often get the disease from older siblings, teens, and adults who have a mild illness.

Prevention

Pertussis can be prevented if all infants and children are properly immunized. If someone is infected, those in the same household or in close contact should see a doctor to receive preventive antibiotics. Infants and children under six years of age may also need a DPT booster.

Transmission of infections can be reduced by good hand washing habits, wearing a mask around a coughing nontreated pertussis patient, and not touching items contaminated with nose or throat secretions (that is, don’t drink from the same glass, throw away used tissue right away, etc.).

Why are Immunizations Important?

Pertussis is the “P” in DPT shots given to infants and children under six years of age (the “D” is for diphtheria, and the “T” is for tetanus). The

series should be started when a child is six to eight weeks old. The basic series consists of three shots four to eight months apart, followed by a fourth shot at 15 months and one before entering kindergarten.

Keep track of the immunization records for everyone in your household. Doctors use these records to determine whether more shots are needed if a child is exposed to disease. The records are also a reference for future shots.

Kansas law states that each child entering a Kansas school for the first time must present certification from a licensed doctor stating the child has had, or is receiving, the required immunizations. Licensed day care facilities and Head Start preschools also require children to have current immunization records. These regulations protect the child and other children from whooping cough and other diseases.

Treatment

A person with suspected pertussis should see a doctor for diagnosis. If diagnosed with pertussis, the patient should be kept from susceptible people during the contagious period. If the patient is a child in school or day care, the child must be kept at home until after she or he has taken antibiotics for one week. If antibiotics are not taken, then the child must stay home for three weeks.

If the patient has uncontrolled coughing or vomiting, high fever, convulsions, listlessness, or eating problems, report it to the doctor immediately.

To relieve the patient’s fever, use the drugs prescribed by the doctor correctly, give sponge baths, dress the patient in minimal clothing, and keep the room temperature cool. Some other helpful tips are:

- C Keep the patient in a quiet environment.
- C Don’t give aspirin to children except as prescribed by a doctor.
- C Encourage the patient to drink liquids and eat soft foods.
- C Try to get the patient to rest as much as possible.
- C Have other household members and close contacts see a doctor for antibiotics to avoid spreading pertussis.